

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/937649	FILING DATE
APPLICANT(S)		

CLAIMS

.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1	1	1	1	1		51	51	51	51
2	1					52	52	52	52		
3	1					53	53	53	53		
4		1				54	54	54	54		
5		1				55	55	55	55		
6	1					56	56	56	56		
7		1				57	57	57	57		
8		5				58	58	58	58		
9		5				59	59	59	59		
10		5				60	60	60	60		
11		5				61	61	61	61		
12		5				62	62	62	62		
13		5				63	63	63	63		
14		5				64	64	64	64		
15		5				65	65	65	65		
16		5				66	66	66	66		
17		5				67	67	67	67		
18		5				68	68	68	68		
19		5				69	69	69	69		
20		5				70	70	70	70		
21		5				71	71	71	71		
22		5				72	72	72	72		
23	1					73	73	73	73		
24		5				74	74	74	74		
25			1			75	75	75	75		
26			1			76	76	76	76		
27			1			77	77	77	77		
28				1		78	78	78	78		
29				1		79	79	79	79		
30			1			80	80	80	80		
31				1		81	81	81	81		
32				1		82	82	82	82		
33				1		83	83	83	83		
34				1		84	84	84	84		
35				1		85	85	85	85		
36				1		86	86	86	86		
37				1		87	87	87	87		
38				1		88	88	88	88		
39				1		89	89	89	89		
40				1		90	90	90	90		
41				1		91	91	91	91		
42				1		92	92	92	92		
43				1		93	93	93	93		
44				1		94	94	94	94		
45				1		95	95	95	95		
46				1		96	96	96	96		
47				1		97	97	97	97		
48				1		98	98	98	98		
49				1		99	99	99	99		
50				1		100	100	100	100		
TOTAL IND.			4			TOTAL IND.					
TOTAL DEP.			20			TOTAL DEP.					
TOTAL CLAIMS			24			TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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